

Correspondence

Women and Medicine

TO THE EDITOR: It was a delight to read the special December issue on *Women and Medicine*, not only because of the excellent papers but also because of the inclusion of pictures and poetry, symbolizing the marriage of art and science in medicine.¹

Some of it, of course, made painful reading: the physician who talks, hand on doorknob, about mastectomy as a mere technicality, the assistant dean who reluctantly admits a qualified applicant "although she is a woman," and similar descriptions. But, on the whole, the myth of male superiority and with it the whole concept of "MDeity," is disappearing, none too soon, from the medical scene.

Yet, somehow I wish that art and poetry were not restricted to special issues and were not gender-related. Sooner or later we shall have to learn that what matters in medical practice is not to be a man or a woman but to be what is common to all of us, colleagues and patients alike, namely human. Then, let's have a very special issue of the journal called *Medicine and Humanity*!

HERBERT BAUER, MD
831 Oeste Dr
Davis, CA 95616

REFERENCE

1. Women and Medicine (Special Issue). West J Med 1988 Dec; 149

* * *

TO THE EDITOR: Admittedly, by now I am a member of the older generation, trained in medicine before affirmative anything, comfortable with the traditional face of medicine before Madison Avenue, and, as Emily Friedman put it,¹ "boutique" packaging of health services. As a female physician, I am proud of my role in medicine and pleased to see a generation of excellent female physicians coming behind me, respected for their professional abilities, not their gender. Overall, I was delighted to see the journal recognize the increasing participation of women in medicine and devote its December issue to it.²

I was fairly chagrined, however, to see the cover of this issue: nude golden females in a pagan dance, witches yet, announcing the thane of Cawdor, I presume. In my "older" opinion, the cover is inappropriate, in poor taste, and pejorative to women in general and female physicians in particular. Symbolism is important. It will be hard to break through that cover to focus on anything that has to do with professional ability. A portrait of Elizabeth Blackwell would have been more to the point.

SUSAN D. PATTERSON, MD
Dept of Pathology
Virginia Mason Clinic
1100 Ninth Ave
PO Box 900
Seattle, WA 98111

REFERENCES

1. Friedman E: Women and Medicine—From tension to truce, *In Women and Medicine* (Special Issue). West J Med 1988 Dec; 149:683-686
2. Women and Medicine (Special Issue). West J Med 1988 Dec; 149

* * *

TO THE EDITOR: I am writing in response to the article "Women and Breast Cancer" that appeared in the December issue.¹ Having completed chemotherapy and radiation treatment for breast cancer this past year, I found Myrna Frankel's

article a realistic and succinct discussion of most of the key issues women with breast cancer must face. Although my personal experience with physicians and other health professionals appears to have been more supportive and less defensive than the author's, her portrayal of individual and institutional denial of death and pressure to be the "good" (passive) patient was right on target.

I was struck by the seeming necessity to justify inclusion of this article in the introductory remarks by the guest editor, Dr Clever. The fact that such inclusion was controversial because some considered the article expressed "unrelieved anger" or lacked "balance" underscored one of the major points of the article itself—how out of touch some physicians are with the patient's perspectives and experiences.

Based on our experiences these past 18 months, both my husband, a physician, and I thought that reams could be written on each of the many points the author so concisely presented. Frankel did an excellent job of covering much of the territory and, it is hoped, has sensitized some professionals to a fuller view of the realities that confront breast cancer patients.

BARBARA D. MELBER
6926 Seward Park Ave South
Seattle, WA 98118

REFERENCE

1. Frankel MR: Breast cancer—A woman's perspective, *In Women and Medicine* (Special Issue). West J Med 1988 Dec; 149:723-725

Nonsuppurative Pericardial Effusion

TO THE EDITOR: The case report by Drs Horton and Tucker in the August 1988 issue described a unique finding of nonsuppurative pericardial effusion occurring as a result of left subdiaphragmatic abscess.¹ The finding is considered unique presumably because manual searches of standard medical literature bibliographic compilations (*Quarterly Cumulative Index*, *Quarterly Cumulative Index Medicus*, *Current List of Medical Literature*, *Cumulated Index Medicus*) from 1916 through 1965, "and a computerized search of *Cumulated Index Medicus* from 1966 through 1986 uncovered no references of direct relevance."

Horton and Tucker point out that in contrast to their four cases of nonsuppurative sympathetic pericarditis, the pericarditis cases that have been reported as complications of subdiaphragmatic abscess in the past 50 years have been suppurative in nature (with one possible exception reported in a 1958 publication). In addition, on the basis of their experience, they postulate an association between nonsuppurative pericardial effusion and left subdiaphragmatic abscess.

Because of the inability of the literature searches to locate other pertinent references and to insure that whatever priorities are involved are viewed in appropriate perspective, I call to your attention two case reports that I found in my reprint files that have direct relevance, in that they are both cases of nonsuppurative pericardial effusion in association with subdiaphragmatic abscess. In addition, in contrast to the left-sided association mentioned above, one of the cases I shall mention seems to have been associated with a right-sided abscess, because of a finding of a raised and immobile right side of the diaphragm.³